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<b>Application Number</b>	10/572794
<b>Filing Date</b>	2006-03-21
<b>First Named Inventor</b>	Bernard Christophe Barlaam
<b>Title</b>	QUINAZOLINE DERIVATIVES...
<b>Art Unit</b>	1624
<b>Examiner Name</b>	Tamthom Ngo Truong
<b>Attorney Docket Number</b>	101206-1P US

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

**OR**

I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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Please recognize or change the correspondence address for the above-identified application to:

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**OR**

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Firm or Individual Name **AstraZeneca Pharmaceuticals LP**

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I am the:

Applicant/Inventor.

**OR**

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_.

**SIGNATURE of Applicant or Assignee of Record**

Signature /John X. Haberman/ Date 09/14/2011

Name John X. Haberman Telephone 781-839-4736

Title and Company Senior Patent Director, Infection, AstraZeneca Pharmaceuticals

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 1 forms are submitted.

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